

## PLACE OF DEATH

## ARIZONA STATE BOARD OF HEALTH

County.....

BUREAU OF VITAL STATISTICS

State Index No. 9071

District.....

County Registered No. 9081

Town.....

## ORIGINAL CERTIFICATE OF DEATH

Local Registrar's - No. 9081

Or City.....

No. 231 E. H. Higdon St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Yokio Komatsu

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>M.</u>	Color or Race White Indian Black Chinese Mexican <u>Jap</u>	SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED or DIVORCED
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DATE OF BIRTH May 22 - 1920  
(Month) (Day) (Year)AGE 4 yrs. 4 mos. 4 days hrs. or min.OCCUPATION  
(a) Trade, profession or particular kind of work  
(b) General nature of industry, business, or establishment in which employed or (employer)BIRTHPLACE (State or Country) ArizNAME OF FATHER K. KomatsuBIRTHPLACE OF FATHER (State or Country) JapanMAIDEN NAME OF MOTHER Not knownBIRTHPLACE OF MOTHER (State or country) "

The Above is True to the Best of My Knowledge

(Informant) .....

(Address) .....

PLACE OF BURIAL OR REMOVAL Greenwood Cem. DATE OF BURIAL OR REMOVAL May 27 1920UNDERTAKER Moore & McCallum ADDRESS City

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 - 1920  
(Month) (Day) (Year)I hereby certify that I attended deceased from May 22 1920 to May 26 1920; that I last saw him alive on May 26 1920; and that death occurred on the date stated above at 5 P.M. The DISEASE or INJURY causing death was as follows: Pneumonia with(Duration)) ..... yrs. .... mos. 4 days.Was disease contracted in Arizona? +

If not, where? .....

## CONTRIBUTORY

(Duration) ..... yrs. .... mos. .... days.

(Signed) T. E. McCallMay 27 1920 (Address) Phoenix Ariz

\*In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.

## LENGTH OF RESIDENCE

At place of death ..... yrs. .... mos. 4 ds. In Ariz. .... yrs. .... mos. 4 ds.

Former or Usual Residence .....

Filed May 28 1920 T. E. McCall

Local Registrar.

Filed June 3 1920 P. O. County Registrar

FILL OUT ALL BLANKS. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained, insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.